

## EMPLOYER'S FIRST REPORT OF ACCIDENT OR OCCUPATIONAL ILLNESS

SEE INSTRUCTIONS ON REVERSE

LEAVE ITEMS 1 AND 2 BLANK

1. NAME OF EMPLOYEE (Print name of injured employee) <b>JAMES</b>			2. MIDDLE INITIAL <b>AS</b>			3. LAST NAME <b>37</b>			4. DATE OF INJURY (Month, day, year) <b>Sept. 27 1970</b>
5. EMPLOYEE'S ADDRESS (Number, street, city, State, zip code) <b>Spaulderson Corp., 2nd Radio Research Co., (Ave.) APO-S.F. 96328</b>									6. ACCIDENT IS BEING REPORTED UNDER THE FOLLOWING ACT (Check one, see instructions on reverse) <input type="checkbox"/> LONGSHOREMEN'S AND HARBOR WORKERS' COMPENSATION ACT <input type="checkbox"/> DEFENSE BASE ACT <input type="checkbox"/> NONAPPROPRIATED FUNDS INSTANTaneous LIABILITIES ACT <input type="checkbox"/> BUTTE CONTINGENTAL SELF-LIABILITIES ACT <input type="checkbox"/> DISTRICT OF COLUMBIA WORKERS' COMPENSATION ACT
7. SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	8. AGE OR DATE OF BIRTH <b>25 Sept. 1945</b>	9. SOCIAL SECURITY NUMBER <b>233-64-6263</b>		10. DID INJURY CAUSE LOSS OF TIME BEYOND DAY OF SHIFT OF ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>N/A</b>		11. DATE AND HOUR EMPLOYEE FIRST DID NOT RETURN TO WORK <b>28 Sept. 70/0700 hrs.</b>		12. DATE AND HOUR PAY STOPPED <b>28 Sept. 70/2000 hrs.</b>	
13. DID INJURY CAUSE LOSS OF TIME BEYOND DAY OF SHIFT OF ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <b>N/A</b>		14. DATE AND HOUR EMPLOYEE RETURNED TO WORK <b>28 Sept.</b>		15. OCCUPATION (Job title, longshoreman, etc.) <b>ACT General Technic</b>		16. NUMBER OF YEARS IN THIS OCCUPATION <b>3 1/2 (Approx.)</b>		17. YEARS IN YOUR EMPLOY <b>2 (Approx.)</b>	
18. NUMBER OF DAYS USUALLY WORKED PER WEEK <b>6</b>		19. IF INJURED WHILE DOING SUCH WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If no, explain in item 25)		20. IF INJURED ON A VESSEL WHAT WAS BEING DONE TO, ON, OR FROM THE VESSEL? (Check one) <input type="checkbox"/> LOADING OR UNLOADING <input type="checkbox"/> REPAIR OR CONVERSION <input type="checkbox"/> NEW SHIP CONSTRUCTION <input type="checkbox"/> SHIPREPAIRING (Maintenance) <input type="checkbox"/> DREDGING <input type="checkbox"/> MARINE CONSTRUCTION <input type="checkbox"/> MISCELLANEOUS SERVICE		21. WAGES OR EARNINGS (Include overtime, allowances, etc.) <b>\$1.95 + 20% + 25% = \$2.00 Per 1 hr. weekly</b>		22. EXACT PLACE WHERE ACCIDENT OCCURRED (See instructions on reverse) <b>Highway 1, approx. 10 miles north of Cong Sa Thien, Vietnam.</b>	
23. NAME OF FOREMAN OR SUPERVISOR AT TIME OF ACCIDENT <b>Solothal G. Pritchett</b>				24. EARLIEST DATE FOREMAN OR EMPLOYEE KNEW OF ACCIDENT <b>28 Sept. 70/0700 hrs.</b>				25. DESCRIBE IN FULL HOW THE ACCIDENT OCCURRED (Relate the events which resulted in the injury or occupational disease. Tell what the injured was doing at the time of the accident. Tell what happened and how it happened. Name any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to the accident.) <b>Passenger in Jeep enroute (approx 2000 hrs.) from the Trang to Cong Sa Thien, Vietnam during light rain. Driver (J. B. Pritchett, age 35, Eastern Illinois, I.T. employee, c/o 233 Signal Co., APO-S.F. 96328) while returning to proper lane of traffic after passing a slower moving vehicle, skidded on a slick spot on the black top, causing left front wheel collapse. The Jeep to overturn. Driver &amp; passenger were thrown from vehicle.</b>	
26. NATURE OF INJURY (Name part of body affected—fractured left leg, bruised right thumb, etc. If there was a loss of part of the body, describe.) <b>See: / Brain Concussion / Conc</b>									
27. IF YOU PROVIDED OR AUTHORIZED MEDICAL ATTENTION, GIVE DATE. IF NOT, EXPLAIN WHY <b>Operation / 27 Sept. 70</b>								28. DATE INSURANCE CARRIER NOTIFIED <b>28 Sept. 1970</b>	
29. NAME OF PHYSICIAN <b>Unknown</b>				30. ADDRESS (Number, street, city, State, zip code) <b>Unknown</b>					
31. NAME OF HOSPITAL <b>18th 1st Hospital</b>				32. ADDRESS (Number, street, city, State, zip code) <b>18th 1st Hospital</b>					
33. NAME OF INSURANCE CARRIER <b>Argonaut Insurance Co. of New York</b>				34. ADDRESS (Number, street, city, State, zip code) <b>11 1st St. 1st Fl. Saigon, Vietnam</b>					
35. NAME OF EMPLOYER (Individual or firm name) <b>Spaulderson Corporation</b>				36. ADDRESS OF REPORTING OFFICE (Number, street, city, State, zip code) <b>11 1st St. 1st Fl. Saigon, Vietnam</b>					
37. NATURE OF EMPLOYER'S BUSINESS <b>Contractor</b>				38. SIGNATURE OF PERSON AUTHORIZED TO SIGN FOR EMPLOYER <b>Harold D. May</b>					
39. OFFICIAL TITLE OF PERSON SIGNING THIS REPORT <b>Administrator, Outreach</b>				40. DATE <b>28 Sept. 1970</b>					

EXHIBIT "B"



KENTRON HAWAII, LTD

KH-3(2)-082/72

25 February 1972

233 KEELE STREET  
HONOLULU, HAWAII 96813  
TELEPHONE 808 521-1000  
CABLE KENTRON

Mr. Edmond R. Eberle  
514 John Hancock Building  
1055 St. Charles Avenue  
New Orleans, Louisiana 70130

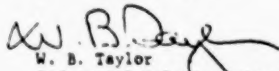
Ref: James Allen Budde  
Date of Accident-September 27, 1970

Dear Mr. Eberle:

With reference to your letter of February 18, 1972, concerning the accident of Mr. James Allen Budde, this is to advise you that we have made a check of all of our records in Honolulu and with those of our insurance carrier and there is no record of the accident you referred to. There is no record of an industrial accident report being filed and no vehicle liability claim filed.

If you have any documentation of this accident, I would appreciate receiving a copy of it.

Yours very truly,

  
W. B. Taylor  
Industrial Relations Manager

WBT:ma  
cc: Bill Drane

Exhibit "H"

1 Q Did you make out any type of accident  
2 report?

3 A No, I didn't.

4 Q Were you required to do so by rules or  
5 regulations of your company?

6 A That, I'm not sure of. I believe it's  
7 just the person involved in the  
8 accident.

9 Q All right. Do you know of any accident  
10 reports that were made out?

11 A Only the one that was made through the --  
12 by the Military Police.

13 Q Did you ever see that report?

14 A No, I didn't.

15 Q Please tell me what Mr. Jessie Francis  
16 told you about the accident.

17 A It was very sketchy.

18 Q Well, all I am asking is that you tell me  
19 what you remember. That is all I am  
20 asking.

21 Q He said he had an accident the previous  
22 Sunday involving a Jeep on the road  
23 between Nha Trang and Cam Ranh Bay.  
24 He said the Jeep turned over and that  
25 the passenger was injured, and he

1 obviously was, because he had some  
2 bruises. And that was all.

3 Q Did he ever tell you what time the accident  
4 happened, or do you recall that?

5 A No, I don't believe he said so at the time  
6 exactly what time it was. Although  
7 he did say it was Sunday. That's all.

8 Q Do you know what kind of vehicle he was  
9 riding in?

10 A It was a Military Jeep.

11 Q All right. The Military Jeep would have  
12 been the property of the United States  
13 Army?

14 A Yes.

15 Q Do you know if the Jeep was assigned to  
16 him for his use, that particular Jeep  
17 that he was driving, or whether it  
18 was just there for his general use?

19 A I'm not really positive on that. He said  
20 that he had a Jeep assigned to him.  
21 Now, quite often the military at other  
22 locations did give us vehicles assigned  
23 particularly to us for our use.  
24 However, I don't know if that was the  
25 case in that one.

...on the road on Route 1, during the night  
and found a very heavy vehicle. While  
...the jeep lane we started to skid down  
...on a black top. I turned into  
...and at the moment the left front wheel on  
...either locked or collapsed and making the  
...roll. Something must have hit me in the head  
because I remember nothing more until about 8:30 PM  
in the 127th Field Hospital.

Upon learning about noon Monday what the remains  
of the jeep had been left on the highway, I procured  
a wrecker from the 136th Light Transportation Co.  
and went after the jeep. Upon arrival at the  
scene of the accident, we discovered the jeep had  
been stolen. We searched the area without any  
luck. Some of the enlisted people in the 127th were  
coming from Nha Trang about 4 PM Monday and  
reported they saw the ROK's with it in a  
small town near Nha Trang.

*[Signature]*